

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N049002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER HAVILAND CARE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAIN HAVILAND, KS 67059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 240 SS=C	<p>28-39-234(c) QUALITY OF CARE</p> <p>(c) There shall be written policies and procedures concerning crisis intervention. These policies and procedures shall be:</p> <p>(1) Directed to maximizing the growth and development of the resident by listing a hierarchy of available alternative methods that emphasize positive approaches;</p> <p>(2) available in each program area and living unit;</p> <p>(3) available to residents and their families; and</p> <p>(4) developed with the participation, as appropriate, of residents served. (Authorized by and implementing K.S.A. 39-932, effective May 16, 1994.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 46 residents. Based on observation, interview, and record review, the facility failed to ensure policies and procedures concerning crisis intervention were available to residents and their families.</p> <p>Findings included:</p> <p>- An initial tour of the facility on 1/27/15 at 9:30 a.m. revealed a lack of crisis intervention policies and procedures in areas available to residents and their families.</p> <p>During an interview on 2/2/15 at 1:06 p.m., administrative staff A stated the facility had a crisis intervention program for employees, but to his knowledge the facility lacked any policies or procedures made available to residents or their families related the crisis intervention program.</p> <p>On 2/2/15 at 3:30 p.m., administrative staff A confirmed the facility did not have any policies related to crisis intervention.</p>	M 240		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 240	Continued From page 1 Although requested, the facility failed to provide a policy concerning the facility ' s crisis intervention procedures. The facility failed to ensure crisis interventions policies and procedures were available to residents and their families.	M 240		
M 250 SS=F	28-39-235(a) NURSING SERVICES Nursing services. (a) Each nursing facility for mental health shall employ or have on contract a psychiatric nurse who shall perform a monthly written evaluation of each resident's response to the mental health plan of care. This REQUIREMENT is not met as evidenced by: The facility had a census of 46 residents with 12 residents sampled for review. Based on interview and record review, the facility failed to ensure a psychiatric nurse performed monthly written evaluations of each resident ' s response to his/her mental health plan of care. This deficient practice had the potential to affect all the residents in the facility. Findings included: - Review of the clinical records during stage 2 investigations of the 12 sampled residents (#10, #16, #21, #24, #25, #27, #29, #35, #39, #42, #46, and #47) revealed a lack of a written monthly evaluation of the resident ' s response to the mental health care plan. During an interview on 2/2/15 at 1:12 p.m.	M 250		

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M 250	<p>Continued From page 2</p> <p>administrative staff A confirmed the facility failed to provide a written monthly evaluation of each resident ' s response to his/her mental health care plan by a psychiatric nurse. Staff A confirmed the facility had 2 licensed staff members that met the criteria as a psychiatric nurse, but they did not document a monthly evaluation of the mental health care plans of the residents that resided in the facility.</p> <p>The facility failed to ensure a psychiatric nurse performed monthly written evaluations of each resident ' s response to his/her mental health plan of care.</p>	M 250		